

# INFORMATION BULLETIN

## WELFARE-TO-WORK

Number: WB99-46

Date: August 13, 1999

Expiration Date: 12/31/99

69:137:jp:3100

TO: SERVICE DELIVERY AREA ADMINISTRATORS  
PRIVATE INDUSTRY COUNCIL CHAIRPERSONS  
WELFARE-TO-WORK 15 PERCENT SUBGRANTEES  
DOL WELFARE-TO-WORK 25 PERCENT SUBGRANTEES  
COUNTY WELFARE DIRECTORS  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF  
EDD EXECUTIVE STAFF  
WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: WELFARE-TO-WORK CLIENT FORMS TRAINING

The Capacity Building Unit (CBU) of the Job Training Partnership Division will provide five regional Welfare-to-Work (WtW) Client Forms training sessions throughout the State. Training will be held in September and October 1999 in Fresno, the Los Angeles area (two sessions), Sacramento, and the San Francisco Bay Area.

Due to the number of WtW client reporting issues, the CBU **strongly recommends** that attendance be restricted to WtW grant decision-makers. The team of attendees representing each Service Delivery Area should include personnel who manage or supervise Fiscal, Intake, Management Information System (MIS), and Case Management functions.

This course is intended to bring WtW stakeholders together to discuss WtW client reporting issues.

Topics covered include current WtW regulations influencing client forms reporting and purpose and function of client forms, i.e., Application/Registration, Enrollment, Monthly Activity, and Employment Record. Other related documents will be discussed, including how to address problem areas.

Training sessions have been scheduled at the following locations:

September 15, 1999	Cerritos
September 22, 1999	Fresno
September 29, 1999	Downtown Los Angeles
October 13, 1999	Sacramento
October 19, 1999	Hayward

Please complete the attached form to reserve space in the training. Should you have any questions regarding this training, please contact Luis Sepulveda at (916) 653-5244.

/S/ BILL BURKE  
Assistant Deputy Director

Attachment

**WELFARE-TO-WORK CLIENT FORMS****Training Request Form****This form should be completed and faxed to:**

**Attention: Luis Sepulveda**  
**Job Training Partnership Division**  
**Employment Development Department**  
**Fax: (916) 654-9657 or (916) 654-9586**

Please provide the following information for each participant who plans to attend the training. The information will be used to confirm the selected date, workshop location, and attendance. The sessions are limited to four participants from each organizational entity (Eligibility/Intake, Fiscal, MIS, or Case Management; please specify).

September 15, 1999	Cerritos
September 22, 1999	Fresno
September 29, 1999	Downtown Los Angeles
October 13, 1999	Sacramento
October 19, 1999	Hayward

**Please PRINT Clearly**

Date of Training: _____	Date of Training: _____
Name: _____	Name: _____
SDA: _____	SDA: _____
Entity: _____	Entity: _____
Your Phone: _____	Your Phone: _____
Fax Number: _____	Fax Number: _____

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Date of Training: _____	Date of Training: _____
Name: _____	Name: _____
SDA: _____	SDA: _____
Entity: _____	Entity: _____
Your Phone: _____	Your Phone: _____
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